BULLETIN

AMA Political *AND* Legislative Grassroots Hotline

The AMA has created a toll-free hotline offering physicians daily, up-to-the-minute updates on the status of health system reform in Congress.

(800) 833-6354

This service is part of the POWER (Physicians Organized to Work for Effective Reform) Network. Each day, the AMA will update the POWER Network hotline with the latest information on the House and Senate floor debate. Callers will hear a message describing floor activity, its impact on organized medicine and clear instructions on how they can have maximum impact on important upcoming votes.

The situation in Congress changes daily. This toll-free number will help keep physicians informed on the latest developments.

Physicians and their families are encouraged to contact their senators and representatives to seek support for organized medicine.

BULLETIN

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DAVID E. PICHETTE, MD
Editor

Managing Editor ELEANOR PERSHING *Editorial Board* DENISE L. BOBOVNYIK, MD
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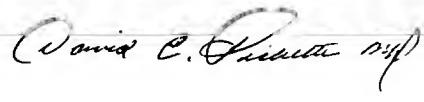
From the Desk of the Editor

Health Care Reform: The Uninsured

THERE ARE AN ESTIMATED 37 MILLION PEOPLE IN THE UNITED STATES WHO HAVE NO HEALTH INSURANCE OF ANY FORM. Apparently, they are too young for Medicare and do not qualify for Welfare because their incomes are above the parameters set for such assistance. These people are not given health insurance as an employment benefit, nor are they able to afford such coverage on their own. Contrary to popular belief, the majority of physicians *are* involved in taking care of these people by one means or another. . . and they are given the same care as everyone else. In our Urology department, we rotate so that each of us is available for such patients on a monthly basis. (This is a staff requirement of our hospitals.)

This all sounds fine, but in reality it is not. The problem is that, even though this group is taken care of — none have expired on the doorsteps of our hospitals or offices — they generally are not given care until late (at times too late) in their illnesses. Because of their precarious financial circumstances, they do not practice early-recognition medicine (a term I find much more appropriate than "preventive" medicine). How to cover this group financially for their health care has been, and continues to be, an insurmountable problem in any proposed plan for solving this "Health Care Crisis".

David E. Pichette, M.D.



In 1991 (I use this year since its statistics were the most recent available to me) the net income of the Ohio Lottery System was $726 million — that's *profit*, not gross income. In the same year, the per capita expenditure for medical care in the United States was $2,868. Ohio's population is around 11 million, with that of the United States around 257 million.

Let us imagine that, in addition to the state lotteries, a National Lottery System could be created, dedicated to the medical care of this problematic group. Let us also assume that its profitability would be comparable to that of the Ohio Lottery System. All totaled, it would pay $458 of the $2,868 needed for the annual medical bill of each of the 37 million. That's only 16% of what's needed, but it's a start. This new lottery would have the added incentive of larger prizes, but the state lotteries would still be played since the chances of winning are greater within the state. And I have never heard of anyone going hungry because of the money they spent on lottery tickets.

Well, that covers 16% of the total, but more is needed to be feasible. Consider, if you will, the fact that everyone over age 65 has their health care paid for by the government. This is ludicrous, unnecessary, and at times unwanted. As we discussed in a previous issue, it is against the law for Mr. Lee Iacocca to seek out and pay for, beyond Medicare reimbursement, what he feels is the best medical care he can afford. If he can afford it, it would be far better for him to purchase his own insurance and do as he wishes, rather than having the government take away his freedom by forcibly providing insurance for him. The over-65 age group comprises 20% of the population. If 10% of them could afford their own insurance and come off of Medicare, another $400 per person would be available for the 37 million uninsured.

Consider also that it is highly unlikely that the group of 37 million people would expend $2,868 apiece in yearly medical costs, since they are young. Their costs might average

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President's Page

Medicare Reform

THE TIME FOR MEDICARE REFORM IS AT HAND. AS I SIT DOWN TO WRITE THIS ARTICLE FOR THE BULLETIN, THE HOUSE'S Ways & Means and Commerce Committees have both passed the Republican version on Medicare reform. On September 30th, the Senate Finance Committee also passed its Republican version. Medicare reform will take place because it is part of the reconciliation bill on the budget. There are significant differences between the House and Senate versions on Medicare reform.

"I am happy to state that I am a member of the AMA and proud of it."

The AMA has chosen to support the House version, for what I believe are the right reasons. The AMA has always supported the position for patient choice with regard to selection of their physicians and selection with regard to the type of health care delivery system patients wish to participate in. The House version allows such choices. The AMA has advocated patient protection provisions with regard to Managed Care issues. The House version includes such provisions. The AMA has supported relief from regulations which adversely impact upon the physician's ability to deliver health care in a timely and efficient manner. The House version includes regulatory relief with regard to CLIA and STARK I and II.

Tort reform has always been a major priority for physicians, and the House version does address this issue. A $250,000 cap on noneconomic damages is contained within the House version. Physicians have also pleaded for antitrust relief in dealing with health care delivery. Provider-sponsored networks contained in the House plan will allow physicians such relief.

The Speaker of the House hoped for AMA backing and, in fact, incorporated many of the AMA's positions in the Medicare Preservation Act. Originally, the degree of growth restraints in the MPA was severe with regard to physicians' payments. Through negotiations, the AMA was able to lessen the degree of physician payment reductions.

The Senate plan, on the other hand, allows only for the Provider Sponsored Networks. It does not deal with Managed Care fairness provisions. It does not address Tort reform, regulatory relief, CLIA or STARK I and II reform. Its growth restraints are somewhat less restrictive than the House's. In fact, the House's conversion factor for fee and service was raised from $34.60 to the Senate's value of $35.42.

Reconciliation of these two versions will occur in conference committee after the full House and Senate pass their respective plans. Ultimately, the President will determine the fate of Medicare reform, and negotiations between the President and the Congress should be anticipated.

The Vindicator, in its October 13 editorial, chose to chastise the AMA, stating that the "AMA leadership has never evinced such concern" by "putting patient care ahead of personal profit." On the contrary, the AMA leadership has demonstrated its commitment to patient advocacy by supporting patient choice and patient protection provisions. The AMA, like any other trade or professional organization, has served its membership well while protecting the public it serves. I am happy to state that I am a member of the AMA and proud of it.

Daniel W. Handel, M.D.
President

Daniel W Handel, MD

Managed Care

Data for Each Physician Under Managed Care

SUE CEJKA, A LEADING AUTHORITY ON PHYSICIAN COMPENSATION AND GROUP PRACTICE,* SAYS DOCTORS AREN'T GIVEN THE PROPER DATA about their performance. Whether in your own practice or as part of a network (IDS, PHO, etc.), she recommends this information to help emphasize what's important in a managed care and capitated environment.

Whether practicing solo or in groups, physicians were traditionally most interested in these business-related statistics about their work:

- Gross charges
- Net collections
- Ancillary revenues from their orders
- Professional service FFS equivalents

These "expected" reports emphasize production of fees, frequently serving as part of a group's income division formula. They will undoubtedly continue to be important as long as at least a moderate portion of your revenues come from fee-for-service work. Despite the shift to managed care and all the talk about capitation, that may be indefinitely.

Wrong Influences

Few groups have yet adjusted their information and reporting systems to produce data important to doctors working under managed care contracts. There's a whole new batch of data that really matters if you want to prosper, especially if you either hold or plan to enter capitated contracts. Each doctor needs these "unexpected" reports to consider how he or she is coping with the factors important under the contracts.

That's also true within any sort of integrated network in which you participate. Whether an IPA, PHO, MSO, wall-less group or some other organization, the physician-members servicing cost-oriented contracts need new data to monitor their performances.

Ms. Cejka says, "With proper data, physicians can begin to manage their practices differently." Here's what she says a good system should tell doctors at least quarterly:

- *Panel size and capitation revenue.* How many patients you're responsible for and what revenue flows from serving them.
- *Average charge per prepaid visit.* What you're using (costing) on an FFS basis as to your panel members.
- *Average ancillary charge.* How much lab, therapy and x-ray charges you use (cost) per panel member's visit.
- *Total visits.* The number of times you've seen all your patients (both FFS and prepaid).
- *Encounters per patient.* Divide total visits by your total patient count, giving you the average number of times you see all your patients during the year.
- *Encounters per prepaid patient (PMPY).* Divide the total number of times you see your panel members during the year by the number of patients in your panel. This gives you an important measure of how efficiently you're handling managed care practice.
- *Procedures (PMPY).* Divide the number of procedures you perform or order for your panel members during a year by the number of such patients. Capitation, of course, rewards the physician who uses fewer costly procedures and still treats the patient effectively.
- *Cost per patient:*
  - —*Professional services.* Divide the total charges (on an FFS basis) incurred during a year for your panel members by the total number of members. Ideally, from a financial point of view, the resulting figure is less than what you're paid per member.
  - —*Outside referral charges.* The total cost — actual payments — incurred per year by referring your patients to specialists. This is fairly simple to report within a multispecialty group or network, otherwise you may have to rely on the plan's data.

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*Ms. Cejka is President of Cejka & Company, a leading healthcare recruitment and consulting firm, at 222 South Central, Suite 400, St. Louis, MO 63105.

NEOUCOM

$1.7 Million Clinical Skills Testing Center to be Built at NEOUCOM

THE BOARD OF TRUSTEES OF THE NORTHEASTERN Ohio Universities College of Medicine (NEOUCOM) has selected an architect for a new clinical skills testing center that may become a national assessment site.

At its September meeting, the Board accepted a recommendation to retain the architectural design firm of Peterson/Raeder of Akron to design and manage the construction of the $1,702,000 Clinical Competency Teaching and Assessment Center (CCTAC) at the Rootstown campus.

It also approved a six-year biennial capital improvements proposal, which will be submitted to the Ohio Board of Regents. (See below)

Glenn H. Meadows began his tenure as chairman at the Board's first meeting of the 1995-96 academic year. Meadows has been on the Board since 1987 when he was appointed by The University of Akron, and also was chairman in 1989-90. He is retired president and CEO of McNeil Corp. of Akron, and serves on the board of Children's Hospital Medical Center of Akron, among others.

Meadows said that the CCTAC project relates directly to the College's mission of educating physicians who will practice medicine on the community level, especially primary care.

As Robert S. Blacklow, NEOUCOM president and dean, explained, "Primary care physicians spend a great deal of their time with patients in the clinical setting. The physician's ability to accurately assess a patient's condition and needs is one of the most important aspects of diagnosis.

"Medical educators around the country have discovered that a very efficient way to teach and assess students' clinical and diagnostic skills is by using 'standardized, simulated patients' — individual actors who are trained to assume the role of patients with well-defined symptoms and conditions — in a simulated office setting. Physicians-raters then evaluate the students according to standardized criteria."

In addition, Blacklow reported that the National Board of Medical Examiners (NBME) has expressed an interest in using NEOUCOM's clinical assessment facility for the simulated patient portion of its Step II examination, one of three steps necessary for physician licensure. "In their planning to use a standardized patient examination as part of the licensure process, the NBME has begun to target a number of testing sites. Because of the strong standardized patient program at NEOUCOM, we are being considered as one of those sites," he said.

Even prior to the NBME consideration, however, the facility was intended not only to be used to teach and assess the clinical skills of NEOUCOM medical students and affiliated residents, but also to be used by faculty, students and residents of other medical schools in the region for student assessments, workshops for standardized patient trainers, faculty development programs and technical assistance or advisory services. "The College will serve as the lead institution for developing a standardized patient program in participation with these other schools," said Blacklow.

The development and construction of this Center is in direct response to accrediting agency (Liaison Committee on Medical Education) requirements to "develop a system of assessment which assures that students have acquired and can demonstrate on direct observation the core clinical skills and behaviors needed in subsequent training."

NEOUCOM has developed an extensive pool of about 250 standardized patients, representing the communities the College serves in the Akron, Canton and Youngstown areas. The patients are trained at the Rootstown campus, and used to educate and assess medical students and residents in Rootstown, as well as at the College's associated community hospitals. "It's especially significant," said Blacklow, "that we are a *community-based* school, and we use citizens *from the community* to help assess the skills of our students."

When completed, the Center will include 16 patient examination rooms clustered around a central viewing area, space for adjoining offices, meeting rooms, seminar rooms and storage space. Audiovisual equipment (television cameras, microphones and speakers linked to television monitors, videotape recording and playback machines) and computers will be installed in the patient assessment rooms to facilitate evaluation of student clinical competency. The project will involve 4,000 square feet of renovated space and 5,000 square feet of new space over two floors.

The Board also approved a six-year biennial capital improvements proposal.

According to Blacklow, the top priority in this proposal — a Primary Care/Community Health Sciences Education Building — relates again to the College's mission to continue to retain a high proportion of its graduates in Ohio and in primary care, and to continue and improve efforts to provide educational and research services to the communities it serves. "It is essential that these disciplines be brought together to create the critical mass so necessary for developing joint programs relating to primary care and community medicine," he said.

Currently, NEOUCOM faculty and

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MCMS Meeting Held

THE SEPTEMBER MEETING OF THE MAHONING COUNTY MEDICAL SOCIETY WAS HELD AT THE YOUNGSTOWN CLUB. ATTY. TIM Maglione, director of the Ohio State Medical Association department of legislation, presented a legislative update. He noted that Senate Bill 143 (physician assistants' bill) had passed in the Senate and was moving to the House for discussion. Members were encouraged to contact their representative to express opposition to the bill. He also discussed Tort Reform and the Ohio State Medical Association's Managed-Care Fairness Act (MCFA) which was being introduced in the Ohio Senate in September. This bill is meant to serve as a framework upon which state senators can build their discussion of managed care.

Dr. Dan Handel, president, presided over the business meeting. Guest Sue Berny, president of the MCMS Alliance, announced the group's various projects.

The nominating committee, which included Drs. Chet Amedia, John Babyak, Tom Barrett, Dan Handel, Gerry Sevachko, and Chatrchai Watanakunakorn was to report its nominations to Council at the November meeting.

New members in attendance included Dr. Erdal Sarac and resident Dr. David Coy.

Pfizer Labs, represented by Joseph Simko, provided the product display.

It was announced that the "Health Matters Live Line", featuring members of the Young Physicians Committee, would be aired on WYTV, Channel 33, on Monday, October 23rd.

The next Society meeting was scheduled for Tuesday, November 21, 1995 at the Youngstown Club.

▲ *(l to r) Dr. Dan Handel, Atty. Tim Maglione*

On The Cover

"Night On Broadway"

Charles Fazzino
3-D Mixed Media Lithograph
2½′ × 3′

THIS MONTH I WILL TAKE YOU OUTSIDE OUR LOCAL CIRCLE OF INSPIRING ARTISTS, AND PRESENT THE WORK OF CHARLES FAZZINO. Fazzino was born in 1955 in New York. He earned his Bachelor of Fine Arts degree from The School of Visual Arts and studied at the Parsons School of Design.

Fazzino is a trained "Primitive Artist" who presents cheerful works of urban life. He has developed his own style of 3-Dimensional, Hand-Cut images in paintings, serigraphs and lithographs. It is difficult to appreciate his style on the *Bulletin* because it looks "normal". But "Night On Broadway" is anything but normal.

From a distance, Fazzino's art is exceedingly striking with its burst of colors. He uses strong pastel tones that dazzle the canvas and come rushing out to meet your startled eyes. It creates a very exciting response. Michael Delacroix is an artist who also loves to use a city street in the majority of his paintings, but they seem so subdued compared to the life that exudes from Fazzino's canvases. Fazzino usually has New York or other major cities as his backdrop, presenting a happy, optimistic life scene. His city streets bustle with ethnic flavor of people involved in daily lifestyles. Streets are filled with various types of vehicles and, not left to suffer alone, the skies are rarely without hot-air balloons, stars, clouds, planes, and an occasional flying saucer. Often these pieces are night scenes with spotlights illuminating the skyline. Nothing could represent the electricity of being in downtown New York City more than a Fazzino piece.

Fazzino's art form does not stop with this incredible display of energy. Upon closer inspection, the viewer will find many raised cut-outs all over the lithograph. These cut-outs are exact replicas of what is underneath. For example, many parts of advertising signs, individual people walking across the street, upper portions of cars and storefronts are reproduced exactly and attached to the work where copied so as to extend from the paper about 1/4 of an inch! One wonders how an artist could find so much energy to copy so many areas of his original work, cut them and attach them to the painting or lithograph. Added to all this excitement is a liberal application of gold sparkles. I know I'm repeating myself, but Fazzino's works dazzle the eyes and imagination beyond words.

Fazzino has received numerous awards and his works are represented in over 200 art galleries in major cities throughout the United States, Europe, Canada, and Japan. Corporate and private collections fill a page of Who's Who. Charles Fazzino is certainly a master of bringing life with a capital "L" to the canvas!

Jeannine M. Lambert

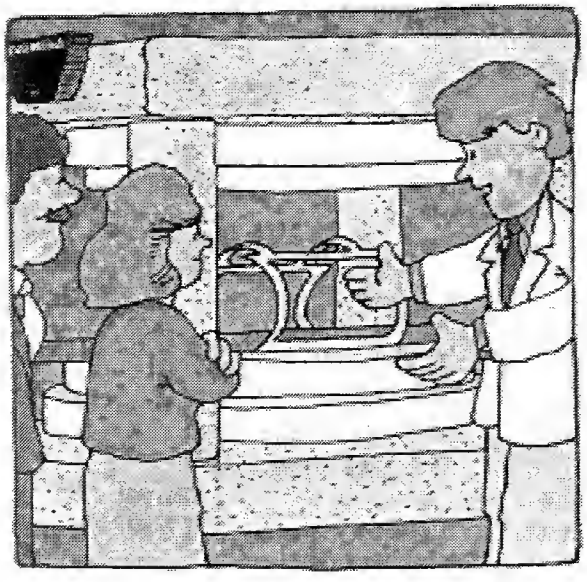
Jeannine M. Lambert

Advantages of OPEN MRI's

Magnetic Resonance Imaging (MRI) is a relatively new medical technology that uses a strong magnetic field and radiowaves which allow physicians to explore the inner body without using x-rays.

Today, two types of MRI systems are used: Conventional high field closed systems and low field open systems.

The low field open MRI although equal or superior in quality, also provides many conveniences and advantages simply not available in the closed systems.



- *Quality of images equal or superior to closed systems.**
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1995 is Society's 45th Year at Fair

THE MAHONING COUNTY MEDICAL SOCIETY HAS HAD EXHIBITS AT THE CANFIELD FAIR FOR 45 CONSECUTIVE YEARS. SINCE 1951 the Society has organized the Fair's medical building, which includes volunteer health agencies, area hospitals and health professionals. The building currently holds approximately 32 exhibitors.

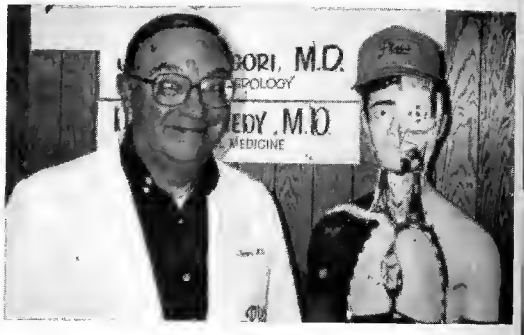
Once again, the popular "Ask the Doctor" booth was featured. Society physicians were on hand to answer various health-related questions for fair-goers.

The following physicians volunteered their services at our booth: Drs. Thomas Albani, Jon Arnott, William Bartels, Louis Bloomberg, John Dunne, Sergul Erzurum, Robert Fisher, Fred Friedrich, Joseph Gregori, Daniel Handel, Sherif Hanna, David Kennedy, Prabhudas Lakhani, Tony Lichwa, Jenifer Lloyd, Maureen Matthews, Sandy Naples, Madeleine Ortiz, Jay Osborne, Anthony Pannozzo, Milton Sanchez-Parodi, Jack Schreiber, Robert Sinsheimer, Anne Stover, Jeffrey Stover, Frank Tortorice, Thomas Traikoff, John Venglarcik, Bruce Willner, and Lyn Yakubov.

▲ *Dr. Fred Friedrich*

The Society thanks the planning committee, which consisted of Drs. Jay Osborne (chairperson), Fred Friedrich and Jack Schreiber (co-chairpersons), and Joseph Gregori, as well as all the other physicians who contributed their valuable time and efforts to help make our presence at the Fair a continuing success.

▲ *(l to r) Drs. Jenifer Lloyd and John Dunne*



▲ *Dr. Joseph Gregori*

Physicians Participate in "Health Matters Live Line"

In conjunction with WYTV Channel 33 and the Easter Seal Society, several MCMS members took part in the most recent edition of "Health Matters Live Line", which aired October 23, 1995. A variety of topics were discussed on the air, while ten physicians were available to answer viewer phone calls.

Physicians spoke on the following health concerns: Dr. James Botsko, preventative medicine; Dr. William Quirk, managing menopause; Dr. Erdal Sarak, kidney stones; and Dr. Jeffrey Stover, gallstones.

The following physicians staffed the phone bank for the October program: Drs. David Anderson, Maged Awadella, Sergul Erzurum, David Kennedy, Stephen Mendelson, Kathleen Padgitt, Santuccio Ricciardi, Melinda Smith, Patrick Stocker, and Ann Stover.

The Society thanks Dr. Thomas Albani, chairperson of the Young Physicians Committee, as well as all the physicians who took time out of their busy schedules to be a part of this program.

Medical Protective Policyowners *NEVER* get letters like this!

RILEY, THRUMBLE, HAYES AND CARTER
300 EAST MAIN STREET
CAPITAL CITY
ATTORNEYS AT LAW

William DeBorin, M.D.
6785 Medical Park Center
Suite 225
Capital City

Re: Marylin Harris vs. William DeBorin, M.D.
State Court File No. 92-Cir. 4284 (Medical Malpractice)

Dear Dr. DeBorin:

This is written to advise you that negotiations with your former patient, Marylin Harris, have been concluded. My apologies for not keeping you informed on the progress of this claim. As you are no doubt aware, your policy allows your malpractice carrier to settle claims without your advice or consent. It is our duty to inform you that a settlement has been reached between Marylin Harris and your professional liability insurance carrier in the amount of $458,000.

As required by federal law, a report will be made to the National Practitioner's Data Bank by your insurance carrier. This report will reflect the details of the case and the amount of settlement. Currently this information is available only to health care organizations and state licensing boards. However, pending legislation may require this report to be made available to the public. If you have any questions about this report, please contact your insurance carrier. We regret any inconvenience this report may cause.

I have enjoyed the many hours we spent preparing for your deposition last year. I look forward to seeing you again under happier circumstances.

Sincerely,

William B. Carter, Esquire
Riley, Thrumble, Hayes and Carter

Any allegation of malpractice against a doctor is serious business. If you are insured by The Medical Protective Company, be confident that in any malpractice claim you are an active partner in analyzing and preparing your case. We seek your advice and counsel in the beginning, in the middle, and at the end of your case. In fact, unless restricted by state law, every individual Medical Protective professional liability policy guarantees the doctor's right to consent to any settlement--no strings attached! In an era of frivolous suits, changing government attitudes about the confidentiality of the National Practitioner's Data Bank and increased scrutiny by credentialing committees, shouldn't you have The Medical Protective Company as your professional liability insurer? Call your local General Agent for more information about how you can have more control in defense of your professional reputation. Also available through select Independent Agents.

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NEOUCOM *(cont. from pg. 10)*

staff involved in the primary care medicine and community health programs are housed at several locations throughout the campus, as well as at its associated teaching hospitals in Akron, Canton and Youngstown. This project will enable the College to consolidate all these programs under one roof in a facility designed to highlight primary care, community health sciences and community service.

"Since we created an academic and a physical presence for the Department of Family Medicine at the College, we have been able to foster a significant increase over the past four years in the number of students choosing family medicine as a career, from 8 to 20 percent," said Blacklow. "Our Department of Family Medicine is well recognized nationally and, in Ohio, ranks second among the state-supported medical schools in relation to successfully obtaining external funding. By establishing a primary care presence for internal medicine and pediatrics on the Rootstown campus, we predict that interest in these specialties will also increase."

Adding the Division of Community Health Sciences to the primary care facility will enable the College to focus efforts on those community health assessment needs and goals that many traditional medical schools are not structured to address, he said.

Another highlight of the six-year capital improvements proposal involves computer services networking renovation and expansion.

"NEOUCOM needs to continuously improve its information technology in response to the rapid growth of information in both written text and electronic digitized formats," said Blacklow. "Only by doing so will we be able to respond to new opportunities for education, research, community-based activities, and administration."

This is a phased project to be completed over three biennia and includes renovating local area networks, classroom and meeting space, central data processing resources and the telecommunications system; establishing a rotating fund for student laptops; establishing an instructional development center; and replacing or upgrading campus workstations. It also will enhance the telecommunications connections from the associated hospitals to the NEOUCOM network.

Violence prevention program offered at St. E's

St. Elizabeth Health Center has developed a violence prevention program. Safety and Violence Education (SAVE) is an ongoing educational program for youth, ages twelve and older, identified as a risk for community violence.

According to Anne Moss, trauma coordinator, "The goal of SAVE is to help at-risk youth learn the consequences of violence and to discuss alternative ways to handle conflict."

Students visit the emergency department where they see the trauma room; find out how the staff treats patients involved with violence; and views photos of injuries resulting from violence. They learn about the treatment victims receive in the surgical intensive care unit by viewing IVs, monitors, catheters and ventilators. The program ends with a trip to the morgue, where students see the irreversible consequences of violence.

Students attempting the two-hour program must be accompanied by a responsible adult such as a counselor, teacher, probation officer or parent. A consent form must be signed by a parent or guardian prior to attending the program.

For more information on SAVE, contact St. Elizabeth's trauma services at 480-4417.

SHARE THE HOLIDAY SPIRIT WITH YOUR PEERS

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All you have to do is make a contribution to the American Medical Association Education and Research Foundation (AMA-ERF). We'll do the rest, including:

1. sending a lovely holiday greeting card to every physician and spouse in Mahoning County with the donors' names inscribed beneath the greeting, and

2. sending 100% of your contribution to the medical school of your choice.

Make your check payable to AMA-ERF for $25.00 (or more if you wish). Please complete the form below and send it, along with your check, to Melinda Knight, 221 Overhill Rd., Youngstown, Ohio 44512.

Remember, this is a charitable cause to which we have a deep commitment. Please be generous and let us hear from you soon.

Mahoning County Medical Society Alliance

AMA-ERF HOLIDAY SHARING CARD PROJECT

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City_____ State_____ Zip Code_____

Amount of Contribution $_____

School to Receive Contribution:_____

Fund to Receive Contribution: *(check one)*

____**Medical School Excellence Fund** — provides funds for student activities and programs, equipment, and research projects.

____**Medical Student Assistance Fund** — provides funds for student financial aid in the form of scholarships, grants, and loans.

_____

(Print name as it should appear on Holiday Sharing Card.)

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MELINDA KNIGHT, AMA-ERF CHAIR
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YOUNGSTOWN, OH 44512
782-2821

How An Age-Old Proverb Inspired A New Kind Of Health Plan  In The Midwest.

An age-old proverb says, "It takes a village to raise a child." And the world has proven that proverb to be true.

People have been gathering together in groups for the benefit of the individual for as long as, well, for as long as there have been people.

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This year alone, we'll touch the lives of 4 million people. And if we can do that, just think what it will mean to the communities, and the families, and the individuals in your village.

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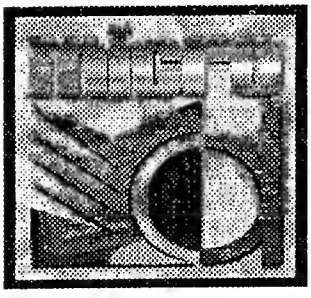

I·N M·E·M·O·R·I·A·M

HENRY L. SHORR, M.D.

DECEMBER 10, 1919
SEPTEMBER 16, 1995

I·N M·E·M·O·R·I·A·M

FRANCES A. MILLER, M.D.

JULY 5, 1908
OCTOBER 17, 1995

A Look Back . . .

Sixty Years Ago
Sept./Oct. 1935

The annual golf day scheduled for September 19th was rained out. It was rescheduled for September 25th, but additional rain forced the participants to settle for poker! **Carl A. Gustafson** opened his office at 101 Lincoln Avenue. **Elmer Wenaas** joined **William Evans** in the practice of ophthalmology.

Fifty Years Ago
Sept./Oct. 1945

Doctors were returning from World War II. J.E.L. Keyes, **C.W. Sears, Sam Klatman, Paul McConnell, Gabe DeCicco, Sam Goldberg, Sam Epstein** and **Paul Kaufman** were home and starting back to work. **Brack Bowman, Bert Firestone, Walter Tims, W.D. McElroy, Pete Boyle** and **Orville Lawton** were on their way home. The Ohio Medical Indemnity, a physician-owned insurance company, was organized in Columbus, Ohio. **Bill Skipp** and **Dave Endres** were elected to the Board of Directors.

Forty Years Ago
July/Aug. 1955

President **Ivan Smith** lectured the members about better giving to the Community Chest (now the United Way). New members that month were **Charles Giering, Herman Allen, James Barnes, David Brown, Alex Calder, Leonard Caccamo, D.J. Cox, George Davies, G.B. McAllese, George Pugh** and **Jack Schreiber.**

Thirty Years Ago
Sept./Oct. 1965

President **John McDonough** wrote an open letter to Mayor Flask commending him on his Mayor's Committee on Traffic Safety, and added some of his own suggestions. **Jack Schreiber** had an article suggesting that members could elect to be "non-participating" physicians under the new Medicare program. Editor **Kurt Wegner** called Operation Headstart an important part of the government's Anti-poverty Program. Physicians were reminded that they must apply for a social security number, now that they were subject to Social Security taxes and benefits.

Robert R. Fisher, M.D.

Robert R Fisher MD

Twenty Years Ago
Sept./Oct. 1975

Dr. J. Paul Harvey was honored at the September meeting with the presentation of a plaque in recognition of his initiating a newsletter to the members from 1921 to 1930. This eventually became the MCMS "BULLETIN". **Dr. Joseph Basile** passed away at the age of 88. He was one of Youngstown's first dermatologists. New members that month were **A. Reed Hofmaster** and, associate member, **David Silverstein.**

Ten Years Ago
Sept./Oct. 1985

There were 27 applications for resident membership in September. Naturally, they were all accepted. The following members passed from this life: **Dr. Michael Jacobson,** probably Youngstown's first physiatrist; **Dr. Andrew Miglets,** a fine family physician; and **Dr. Harold Reese,** a past president. New members were **Roger J. Hucek, Paul W. Cosby, Adele Lipari,** and **Rebecca Bailey-Newton.** Associate member was **William G. Reeves.**

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Fees: Is Giving Professional Courtesy Illegal?

SEVERAL SUBSCRIBERS RESPONDING TO OUR 1995 READER SURVEY #3 WORRY THAT GIVING PROFESSIONAL COURTESY VIOLATES THE LAW. ONE had been told in a practice management conference that it's illegal unless financial hardship is shown in writing. Another said a recent seminar presenter (in a different state) told the audience it's "fraud."

Don't believe everything you're told by "experts" at seminars! The courtesy-is-illegal opinion is a wonderful example of sweeping statements that are technically correct without being sensible.

The Situation

It's true that Medicare and many third party insurers require attempting to collect your full charge (except as reduced by your contract or Medicare law) in order to keep that charge as your usual and customary fee. If you don't, the insurer may reduce the figure because it's not what you really expect to bill and collect. Under Medicare, not attempting to collect the deductible is thus a technical violation of the law.

While none will say so because they don't wish to go against their own rules, all the insurers we've ever heard about (and Medicare, too) ignore professional courtesy as a problem They simply don't want to know.

So long as courtesy is a minimal part of your total practice, and our Survey confirms it is generally less than 2% of charges, the insurers are not concerned. It's the same for Medicare, but be sure you properly attempt to collect from all other patients unless they show financial hardship. And don't ask for a ruling!

Editorial Note: We acknowledge the cooperation of Leif Beck, who has granted reprint rights for topics which have appeared in his regular monthly publication, The Physician's Advisory. His organization, The Health Care Group, with offices in Plymouth Meeting, PA, is a group of leading national consultants and attorneys specializing in medical practice organization and management.

DO PHYSICIANS STILL LIKE TO *RECEIVE* COURTESY?

Our 1995 Reader Survey #3 also asked, "What is your attitude about receiving professional courtesy, when you or your immediate family requires medical care?"

53% of you appreciate receiving it, while 47% prefer to have your health insurance cover a fair billing; 9% would rather be billed like any other patient. (Multiple responses, like appreciating it but preferring insurance billing, took the total over 100%.) More sole practitioners are appreciative than doctors in larger groups, with a noticeable decrease as practices reach ten members.

Our conclusion: Physicians usually appreciate receiving courtesy care, but if they are to be billed they'd prefer to have their insurance cover a fair billing.

There's a direct correlation between doctors who appreciate *receiving* courtesy and the extent to which they *give* it. If you extend full write-off for other doctors, you're 75% likely to appreciate receiving it. But if you bill other doctors fully you're only 38% a likely to appreciate benefitting from courtesy, you'd rather be billed.

From the Desk of the Editor *(cont. from pg. 4)*

around $2,000 per year. Since the over-65 group is more subject to illness (and thereby more costly), it is highly probable that the Medicare savings would be greater than $2,868 per person.

With all of these factors figured in, we are approaching the point where half of this group's medical costs would be paid. Say that they were able to pitch in 10% themselves (up to a yearly cap), as we proposed in previous articles) — making the total near 60%. Wouldn't we all, including our hospitals, be happy to care for this screened, card-carrying, needful group for 60% of the norm, when before we were getting nothing and they were getting what they needed too late?

If your answer is yes, put another sticker on your front door!

Physician's Advisory *(cont. from pg. 8)*

—*TME.* This is the total medical expenses per member for a year, including your services, referred doctor and hospital charges. Since a managed care plan considers how well you and your group maintain overall costs for your panel, this is a very telling statistic if you can capture it.

- Patient satisfaction — Obtain hard data on this important factor, from patient surveys, complaint records and other sources. It's easy to collect. And it's important to see it regularly both to remind you of its importance and to influence continued attention. Patient response is increasingly a factor in many large groups' compensation formulas, too.

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The following applications for membership were approved by Council:

FIRST YEAR IN PRACTICE

Maged Awadalla, M.D. Nathaniel Doe, M.D.
Edmund Fiksinski, M.D. Stephen Mendelson, M.D.
Kathleen Padgitt, M.D. Erdal Sarac, M.D.
Joseph Stefko, M.D. Susan Woods, M.D.

ACTIVE

Mark Belfer, D.O.

Information pertinent to the applicants should be sent to the MCMS Council.

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